

4201 Patterson Avenue Baltimore, MD 21215 – 2299

[www.dhmmh.md.gov/bswe/](http://www.dhmmh.md.gov/bswe/)



**EXPIRATION DATE OF CURRENT  
LICENSE: 10/31/2011**

**LICENSE NUMBER:** \_\_\_\_\_

☐ Certified Social Worker- Clinical (LCSW-C)..... \$ 253.00

Cell Phone \_\_\_\_\_

<http://www.wcc.state.md.us>

## 1 of 4

This side **MUST** be completed for license to be issued.

## EMPLOYMENT & LICENSING SECTION

List all States where you hold a Social Work License.

a.  b.  c.  d.

### Employment Information

Practice Zip Code \_\_\_\_\_

Practice County \_\_\_\_\_

Employment Status \_\_\_\_\_

1. Full Time Social Work Field
2. Part Time Social Work Field
3. Inactive
4. Retired
5. Other
6. Work outside Social Work

### Employment Type

1. Solo
2. Single Specialty Group
3. Multiple Specialty Group
4. HMO Group / Staff
5. Staff, Hospital
6. Staff, Non – Acute Care Facility
7. Staff, Other
8. Substitute (Locum Tenens)
9. Other Contractual / Associate Staff
10. Volunteer

## QUESTIONS SECTION

- | Yes                      | No                       | SINCE YOUR LAST REGISTRATION: FOR THE FOLLOWING, CHECK THE BOX YES OR NO NEXT TO EACH QUESTION.   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. <u>Within the last two years</u> , have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance or other drug that is in excess of prescribed amounts or without valid medical indication?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. <u>Within the last two years</u> , has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. <u>Within the last two years</u> , have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. <u>Within the last two years</u> , have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. <u>Within the last two years</u> , have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. <u>Within the last two years</u> , has a claim for damages been awarded or settled against you resulting from a malpractice suit?  |

**FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION AND FOR QUESTIONS # 4 AND # 5 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.**

I affirm that the information provided on this form and on the continuing education credit report form are true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE MAIL COMPLETED, SIGNED AND DATED RENEWAL FORM WITH A CHECK OR MONEY ORDER FOR THE RENEWAL FEE TO THE:**

Maryland Board of Social Work Examiners  
4201 Patterson Avenue, Baltimore MD 21215-2299

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, MD 21215-2299

Phone Number: 410-764-4788

Toll Free Number: 1-877-526-2541

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CONTINUING EDUCATION CREDIT REPORT FORM

**RENEWAL 2011**

NAME: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

**INSTRUCTIONS:** Do **not** attach the certificates. Please note that this does not constitute an audit. A separate notice will be sent if you are selected for the audit.

**40 (30 for LSWA) credit hours required & obtained between 11-01-2009 & 10-31-2011**

***CATEGORY I*** (must obtain 20 credit hours) (LSWA require 15 credit hours)

DATE	SPONSOR	TITLE	HOURS

**Ethics Requirement:** (at least 3 Category I credit hours – the Ethics requirement cannot be earned from a home study program which qualifies for Category II)

DATE	SPONSOR	TITLE	HOURS

***Category I Total*** \_\_\_\_\_

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**CATEGORY II** (20 credits hours may be earned) (LSWA require 15 credit hours)

DATE	SPONSOR	TITLE	HOURS

**Category II Total** \_\_\_\_\_

(40 (30 for LSWA) credit hours required & obtained between 11-01-2008 & 10-31-2010)

**GRAND TOTAL** \_\_\_\_\_

**COMPARISON/CONVERSION CHART**

Credit Education Hour(s)\*

1 Academic Credit = 5 Credit Hours  
 1 Academic Audit Credit = 3 Credit Hours  
 1 OETAS Credit\*\* = 10 Credit Hours  
 1 Clock/Contact Hour = 1 Credit Hour  
 1 50 Minute Class Hour = 1 Credit Hour

\* Continuing Education Hour(s): to determine the number of equivalent credit hours consider the number of hours in the program excluding all breaks, mid-morning, lunch time and mid-afternoon.

\*\*OETAS Credits: The Office of Education and Training for Addiction Services

Information concerning continuing education requirements is located on the Board's website: [www.dhmdh.md.gov/bswe/](http://www.dhmdh.md.gov/bswe/)